

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

DESIGNER SECTION

APPLICATION FOR ELECTRICAL, FIRE PROTECTION, HVAC, PLUMBING AND PRIVATE SEWAGE SYSTEMS EXAMINATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

EDUCATION:

Colleges Attended

Degree Received

Date of Graduation

EXAMINATION APPLYING FOR:

- ☐ Electrical Systems
- ☐ Fire Protection Systems
- ☐ Heating, Ventilation & Air Conditioning
- ☐ Plumbing Systems
- ☐ Private Sewage Systems

For Receiving Use Only

APPLICATION FEE Make check payable to Department of Regulation and Licensing and attach to this application.

☐ \$ 57.00 Exam fee

FOR BOARD APPROVAL ONLY

BY _____
BY _____
BY _____
DATE _____

Wisconsin Department of Regulation & Licensing

HAVE YOU TAKEN THE EXAMINATION(S) FOR THE STATE OF WISCONSIN PREVIOUSLY?

☐ Yes ☐ No

If Yes, when? _____

CHOOSE AN EXAM LOCATION

- ☐ Eau Claire
☐ Green Bay
☐ Madison
☐ Milwaukee

CHOOSE AN EXAM DATE

- ☐ March 11, 2006
☐ July 8, 2006
☐ November 11, 2006

MARK AN X IN THE APPROPRIATE BOX. If you answer **Yes** to any question, give all details on a separate sheet.

- | | YES | NO |
|--|--------------------------|--------------------------|
| a. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

APPLICANT MUST SIGN

I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Designers Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors to satisfy requirements outlined in secs. 443, Stats., and A-E 5, Wis. Admin. Code.

I state that I am the person referred to in this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws and rules of either the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Type or Print Name of Person Signing Above

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name

Profession

Date of Birth _____ _____ _____
 month day year

□ □ □ - □ □ - □ □ □ □

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996